

## **California In-Hospital Breastfeeding Initiation as Reported on the Newborn Screening Test Form by Maternal County of Residence**

### **NOTES:**

1. Year is calendar year and is based on infant date of birth.
2. County is county of residence and is derived from the mother's zip code. The county of birth was substituted if a valid zip code was not available.
3. Race/ethnicity is based upon infant race/ethnicity as reported for both mother and father on the birth certificate.
4. "Hispanic" includes all Hispanics, regardless of race.
5. "Multiple Race/Other" includes non-Hispanics with multiple races.
6. "Asian/Pacific Islander" includes Asian, Asian Indian, Chinese, Japanese, Korean, Cambodian, Laotian, Vietnamese, Filipino, Samoan, Hawaiian, Guamanian, and Southeast Asian.
7. "White, non-Hispanic" includes White and Middle Eastern.
8. The denominator used to compute the percent data is "Known Method of Feeding". Births with unknown feeding method are excluded. Approximately 2.5% of births have missing feeding data.
9. "Exclusive Breastfeeding" includes women who breastfeed only.
10. "Any Breastfeeding" includes women exclusively breastfeeding and those supplementing breastfeeding with formula or some other type of feeding.
11. Percents not computed for cells with less than 10 events. Percents based on fewer than 20 cases in the numerator are considered statistically unreliable and should be interpreted with caution.
12. Numerator data not shown for cells with less than 5 events.
13. Data not shown for persons with missing race/ethnicity but are included in the Totals.
14. The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following four categories to describe the method of infant feeding: (1) Breast only; (2) Formula only; (3) Breast and Formula; and (4) Other. Data collected from the Newborn Screening Test Form are then prepared and processed by the Program Development and Evaluation Section of the Genetic Disease Branch.
15. Breastfeeding initiation varies widely by maternal characteristics. Data presented in these tables are not risk adjusted and comparisons among geographic locations should be made cautiously.